



For Your

Benefit

State of Michigan Retired Employees

Volume 1 2005

**'Take good care
of yourself.'**



'You belong to me.'

That's what you should be singing every time you look at yourself in a mirror. That's right. You belong to you, and you need to take care of ... you. You know how to take care of yourself, don't you? After all, the term "wellness" has been floating around for decades. You know that you should eat right, exercise regularly and get regular check-ups. Some of us do. Some of us don't. If we do do those things, are they enough? And if we don't, why not?

Now that several months have passed since you made that annual New Year's resolution to take better care of yourself, take a close look at how well you're doing. Did you keep that promise you made to yourself? If you haven't, you can always renew your vow to shape up your life. And if you have, you can always do better.

In this and future issues of *For Your Benefit*, we'll look at ways that you can take better care of yourself. We'll explore what you can do to stay healthy, get better or live with an illness.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

*This issue provides a variety of timely information related
to your health care benefits and your health care needs.*

By doing your homework, you can be your best advocate in the doctor's office and in life. Your health is not just your doctor's business—it's yours too. While your doctor guides your health care decisions based on medical expertise and training, your personal preferences and values are important factors in choosing the options that are right for you.

Knowledge is power. People who know about their treatment and care are more likely to take better care of themselves. By carefully considering the potential harm, benefits, and outcomes of treatment options and how they'll affect your lifestyle, you'll be better able to evaluate the health care choices available to you.

Learn about yourself for yourself

To empower yourself, here are some things to keep in mind:

- **Do as much research as possible before your first doctor visit.** That way, if your doctor starts using medical terms, you can at least have a better understanding of what's going on and ask knowledgeable questions. For instance, if you have knee pain, read about how knees are injured.
- **Know your symptoms.** Much of the diagnosis depends on what you report to your doctor. If you don't do your homework, there may be symptoms you haven't considered.
- **Use only accredited medical sites, such as BlueHealthConnection® found on the Web site at www.bcbsm.com.** "Accredited" means the material on the site has been reviewed for accuracy by an independent panel of experts. That means the information is credible and correct.
- **Join patient support groups on the Web.** Frequently, these kinds of groups are a good source of information about treatments, how effective they are, side effects, etc.

Take charge of your life

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Eat better for a better life

A healthy lifestyle is made up of lots of small choices. Below are a few ways you can improve your eating habits by choosing to do things differently.

If you normally ...	then try this instead!
Use whole or 2% milk 	Use fat-free milk 
Drink soda	Drink diet soda or 100% juice
Eat fattening or high-sugar dessert 	Eat fruit for dessert 
Have second helpings	Put the food away as soon as you serve it
Eat big portions	Eat off a smaller plate
Eat a lot of white bread or pasta 	Go for a variety of whole-grain foods
Use butter	Try oils low in saturated fats
Eat fast food on the road 	Pack fruits and vegetables for car rides 
Eat red meat 	Prepare lean cuts of beef or pork, skinless chicken or turkey, or fish
Snack on chips and junk food	Keep fruits and veggies in the fridge
Skip breakfast	Try eating a healthy breakfast each day
Fry your food	Grill or roast your food instead



Be well. Get healthy. Stay healthy.

BlueHealthConnection: Healthcaring empowerment

Sure, you have health care coverage to take care of you when you're ill. But who wants to be ill? Care about your health and do what you can to prevent being ill.

And if you are ill, learn how to be the best you can be. That's what BlueHealthConnection is for.

You know yourself probably better than anyone else. But how much do you know about your health?

Maybe your doctor told you at your last check-up (one, two, five years ago) that you were doing fine. What does that mean? Do you know how to stay healthy? If you're ill, do you know the

symptoms that should alert you to call your doctor or seek emergency care? And if you need more information on a serious illness, where can you find the answers?

BlueHealthConnection.

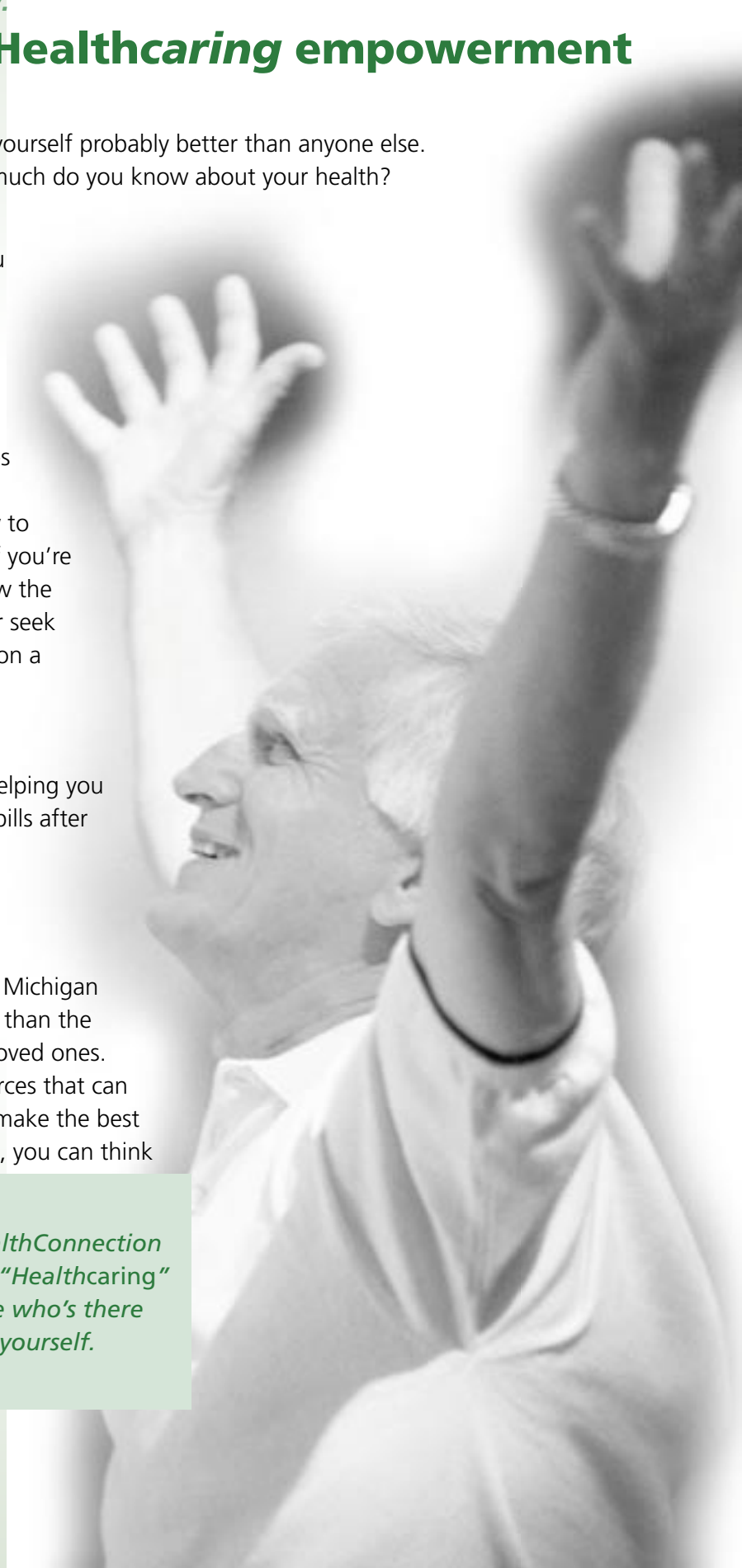
This innovative program is based on the belief that helping you stay well is just as important as paying your medical bills after you become ill.

Your new source for personal health information and wellness

With Blue Cross Blue Shield or Blue Care Network of Michigan coverage *and* BlueHealthConnection, you have more than the safety net of health care coverage for you and your loved ones. You have the opportunity to connect to health resources that can help you, along with your health care professionals, make the best medical decisions for yourself and your family. In fact, you can think of BlueHealthConnection as your personal "Healthcaring" partner, someone who's there to help you help yourself.

Think of BlueHealthConnection as your personal "Healthcaring" partner, someone who's there to help you help yourself.

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BHC continued from page 4

How BlueHealthConnection works

There are several ways to access the health tools that can help you make choices that are right for you:

Online health resource

BlueHealthConnection offers you free online access to a confidential, interactive, personalized health assessment tool. When you go to **www.bcbsm.com** and click on BlueHealthConnection, you'll find a wealth of health-related topics, issues and information. Online you can:

- Take the **Health Risk Appraisal**, which will help support your current healthy habits and guide you to new ones. The HRA can also identify specific risks and tell you where you can make a difference to improve your health.
- Review **Health Profile** for diabetes, heart disease, asthma, pregnancy and fitness, which will give you a status of your health and offer advice.
- Keep a **Personal Health Record** so you can keep track of your health information, medications, appointments and develop a customized report that you can present to your doctor.
- View **health tips**, articles and prevention facts on your own personalized homepage based on your health needs and risks.
- Tune into the online **Health Channels** for women, men, children, seniors and parents.

24-hour health coach hotline

At the heart of BlueHealthConnection is a 24-hour connection to registered nurse health coaches. You can contact a nurse health coach by calling toll free at **1-800-775-BLUE (2583)**, 24 hours a day, seven days a week. While our registered nurses can help you with your health care questions and concerns, they cannot diagnose medical conditions or authorize medical care, but they can help you when you:

- Are confronted with a serious, medical decision
- Want information and support for a chronic illness
- Need help with deciding whether to go to the emergency room
- Need help to quit smoking, or
- Simply have a health-related question



One-on-one personalized health care

BlueHealthConnection will provide you with health information that specifically applies to you or your family. It may be a postcard or a telephone call from one of our health coaches to give you valuable information that will help improve your health and quality of life.

Visit BlueHealthConnection at **www.bcbsm.com/home/managing_your_health/**.

If you have questions about BlueHealthConnection, call **1-800-775-BLUE (2583)**.

Play by the numbers



You know your cell, home or work number, but do you know your cholesterol and blood pressure numbers? If you are like most people, you don't. But, these numbers can be more critical than your phone numbers. These measurements can add to or subtract from a long and healthy life.

Why?

There are plenty of good reasons to know your numbers:

- **You need to take care of yourself.** For you, you are the most important patient. When the nurse scribbles your blood pressure readings on your chart, ask what the numbers are and what they mean. Check with your doctor about a cholesterol test and find out the results and how you need to follow up.

- **Motivation.** Understanding your numbers can motivate you to take better care of yourself. Whether they're good or bad, you should know them, what they mean and if you need to make any changes.

Sometimes your blood pressure and cholesterol numbers may not indicate a need for medication, but they may be high enough to warrant diet and exercise changes. They won't change on their own and there isn't a cure, but they can be managed.

- **What was good then may not be good enough now.**

Nowadays, doctors are much more aggressive in treating high blood pressure and high cholesterol. Depending on your health, they often aim to get your numbers as low as possible. Even if your blood pressure numbers have not changed since you last saw the doctor, it doesn't mean they are at safe levels. Treatment has improved and many medications can effectively control your condition.

Watch your numbers

High blood pressure and cholesterol can do serious damage to your body if they're not controlled. You may not have symptoms, but that doesn't mean you're in the clear. You may have either or both and not know it.

High blood pressure and cholesterol increase your risk for heart attack, heart failure, stroke and kidney failure. Go to www.bcbsm.com and click on BlueHealthConnection for more information.

Healthy adults should check their cholesterol every five years. Blood pressure should be tested every two years. If you have high blood pressure or cholesterol, your doctor will recommend more frequent checks.

Remember, know your numbers. It's a matter of your life and death.

What is high blood pressure?

Blood pressure is the force of blood in your arteries as the heart beats and relaxes. When you get a blood pressure reading from your doctor, you get two numbers. The top number is called the **systolic** number, which measures your heartbeats. The bottom number is called the **diastolic** pressure, which measures how much the heart rests in between beats.

Its effects on you

High blood pressure, also known as hypertension, causes your heart and arteries to work harder. That's OK in the short run, but, if left unchecked over the years, your heart may become enlarged and other organs such as your kidneys can be affected. Your risk of stroke, congestive heart failure, kidney failure and heart attack increases. High blood pressure along with obesity, smoking, high blood cholesterol levels or diabetes greatly increase the risk of a heart attack or stroke.

Know your risk factors

Although the cause of hypertension remains unknown, there are factors that are known to increase the chance of developing high blood pressure. They are:

- **Heredity.** If your parents have or had high blood pressure, there's a greater chance you will too.

High blood pressure continued on page 15



Blood pressure alert: How do your numbers measure up?

The following chart outlines the steps that may be required to control high blood pressure:

Category	Systolic reading		Diastolic reading	Management	
Normal	Less than 120	and	Less than 80	Lifestyle changes	
Pre-hypertension	120–139	or	80–89	Strict lifestyle changes	Medication may not be necessary unless there's a compelling indication.*
Hypertension Stage 1	140–159	or	90–99	Strict lifestyle changes	Medication required. Compelling indications* have specific medications.
Hypertension Stage 2	Greater than 160	or	Greater than 100	Strict lifestyle changes	Medication required. Compelling indications* have specific medications.

* Compelling indications are high-risk situations such as coronary heart failure, heart attack, coronary heart disease, diabetes, kidney disease or stroke.

Source: Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure, National Institutes of Health

What is cholesterol?

You've heard about cholesterol and know that you have to "watch it" to stay healthy. But what *is* cholesterol, and what exactly are you watching?

Cholesterol is a fatty substance that your body needs to function. In fact, it's essential for life. You need cholesterol to form cell membranes, many hormones and bile acids (which digest fat), to name just a few. Without cholesterol, you couldn't live. But too much cholesterol can hurt you.

When you have high levels of cholesterol in your blood, you're at higher risk of coronary heart disease (CHD). Given that heart disease is currently the number one killer in the United States, this isn't a risk that you should ignore.

When your cholesterol is checked, what's being measured? What is *good* or *bad* cholesterol?

Types of cholesterol

Your doctor may order blood tests to check the levels of cholesterol circulating in your blood. It can't circulate by itself so it links to "carriers" called lipoproteins.

There are three types of lipoproteins, but the two to remember are high-density lipoproteins (HDL) and low-density lipoproteins (LDL). Higher levels of HDL means that you're at a lower risk for heart disease. Higher levels of LDL means you're at a higher risk for heart disease.

"Good" and "bad" cholesterol

HDL carries cholesterol away from body tissues. LDL carries cholesterol to the body tissues. When you have a lot of LDL cholesterol in the bloodstream, there is a greater danger that too much may be deposited in artery walls, which may then become damaged. The arteries may develop a cholesterol and fatty buildup (called plaque) on the inside, referred to as atherosclerosis, or "hardening of the arteries."

Cholesterol buildup can prevent adequate amounts of blood from flowing to the heart and may lead to complete blockage of an artery. It's the most common cause of CHD, and happens so slowly that you're not even aware of it. The

higher your LDL cholesterol, the greater your chance of this buildup.

When you have higher levels of HDL in your blood, it means that more cholesterol is being carried away from arterial walls and to the liver. The liver then eliminates the cholesterol from the body by excreting it in the bile. The more this happens, the less likely is cholesterol to accumulate in arterial walls and worsen the progression of atherosclerosis.

What do your cholesterol numbers mean?

See how your cholesterol numbers compare to those in the tables below.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200–239 mg/dL	Borderline high
240 mg/dL and above	High
LDL Cholesterol Level	LDL Cholesterol Category
Less than 100 mg/dL	Optimal
100–129 mg/dL	Near optimal/above optimal
130–159 mg/dL	Borderline high
160–189 mg/dL	High
190 mg/dL and above	Very high
HDL Cholesterol Level	
41 mg/dL and above	Optimal
40 mg/dL and below	Increased risk for heart disease

Source: National Institutes of Health

HOW TO REMEMBER THE DIFFERENCE:

LDL LDL cholesterol (bad)
= "**least** desirable level"

HDL HDL cholesterol (good)
= "**highly** desirable level"



You can benefit from SHP's diabetic coverage

Diabetes is a chronic, yet treatable, disease. With proper care and treatment, diabetics can live long and healthy lives. Treatment includes special diet, exercise, regular blood glucose testing and sometimes insulin injections and medication. If you have the disease, make an effort to be involved in your treatment and learn all that you can about diabetes. Those who do best are the individuals who take an active role in their own treatment.

Under the State Health Plan PPO, diabetics are covered for certain diabetic supplies, equipment, prescription drugs and self-management training.

Use the SUPPORT Program for supplies and equipment

The following diabetic supplies and equipment are available through the SUPPORT Program:

- Syringes and needles
- Home glucose monitors
- Replacement batteries for glucose monitors
- Test strips for glucose monitors
- Visual reading and urine testing strips
- Lancets
- Spring-powered lancet devices
- Insulin pumps and medical supplies required for the use of the pump
- Blood glucose monitors for the legally blind
- Alcohol wipes

Contact the SUPPORT Program at **1-800-321-8074**.

Use your prescription drug program for diabetic medications

Diabetic medications are provided to you through your prescription drug program, which is not part of the SUPPORT Program. Your prescription drug copayments will apply for:

- Insulin
- Non-experimental medications to control blood glucose



Remember, if you go to a SUPPORT Program vendor for these supplies and equipment, you'll have no out-of-pocket costs.

- Medically necessary medications prescribed by a MD, DO or DPM used in the treatment of foot ailments, infections and other medical conditions of the foot, ankle or nails associated with diabetes.

Self-management training is also available

If you are newly diagnosed by an MD or DO as having diabetes, or if you are experiencing a significant change in a previously diagnosed diabetic condition, you are eligible for self-management training. The self-management training provides you with the information and skills you need to care for yourself every day, including managing a diabetic crisis and making lifestyle changes to successfully manage the disease.

Contact the BCBSM State of Michigan Service Center at **1-800-843-4876** for a list of Michigan Department of Community Health and American Diabetes Association recognized diabetes self-management education programs.

SUPPORT meets your medical equipment and supplies needs

You need a hospital bed or a wheelchair.

How do you get one? Who do you call? Who will show you how to use it? Better yet, who will pay for it?

Getting medical equipment or supplies can be a confusing experience. With the SUPPORT Program, you'll be worry-free. As a retiree covered under the State Health Plan PPO, you can receive durable medical equipment and medical supplies through Wright & Filippis' SUPPORT Program. SUPPORT stands for Select Utilization of Providers for Prosthetic, Orthotic and Rehabilitative Technology. It's part of your State Health Plan PPO.

When you obtain these products in Michigan through the statewide network of independent medical suppliers, your State Health Plan PPO covers the products and professional support services at no cost to you. The program applies to items used in your home that have been prescribed by a physician. The program does not apply to items you use during a hospital stay or purchased from your doctor.

What's covered

The SUPPORT Program covers medically necessary items that your physician prescribes for use at home. Items can be rented or purchased, depending on the type of product and your medical need. The program covers:

- Durable medical equipment, such as hospital beds, wheelchairs and walkers
- Respiratory equipment, such as oxygen concentrators and apnea monitors
- Prosthetic devices, such as artificial limbs and mastectomy supplies
- Orthotic devices, such as leg and back braces
- Medical supplies, such as glucometers and ostomy supplies
- Equipment set-up and training

How the program works

SUPPORT items are covered if they're medically necessary and prescribed by a physician. Simply call SUPPORT at **1-800-321-8074** from 8 a.m. to 5 p.m. Monday through Friday. A SUPPORT representative will be available to coordinate your care.



Medical equipment and supplies outside of Michigan

The SUPPORT network does not apply outside Michigan. For medical equipment and supplies elsewhere in the U.S., you can minimize your out-of-pocket expenses by using suppliers that participate with the local Blue Cross Blue Shield plan.

If you're eligible for Medicare, it's important to make sure the supplier accepts Medicare assignment.

What you pay

If you use a SUPPORT supplier in Michigan for covered services, you'll have no out-of-pocket costs. If you use a non-SUPPORT supplier, you'll have to pay out-of-pocket costs equal to 20 percent of the approved amount, plus the difference between the supplier's charge and the approved amount.

If you use a SUPPORT supplier in Michigan for covered services, you'll have nothing to pay.

When only the best will do

The SUPPORT Program is administered in Michigan by Wright & Filippis, a nationally recognized leader in rehabilitative health care, in partnership with Blue Cross Blue Shield of Michigan. Each SUPPORT network supplier must meet the high standards presented by the American Board for Certification in Prosthetics and Orthotics and the Joint Commission on Accreditation of Healthcare Organizations.

The SUPPORT Program offers savings and convenience when you need medical equipment and supplies. Contact the SUPPORT Program directly at **1-800-321-8074** if you have any questions.



1-800-321-8074

Mini-gastric bypass surgery not covered

Severe obesity is a chronic condition that is difficult to treat through diet and exercise alone. Gastrointestinal surgery is an option for people who are severely obese and cannot lose weight by traditional means or who suffer from serious obesity-related health problems. If you've considered gastrointestinal surgery, also called bariatric surgery, no doubt you've run across a surgical option called the "mini-gastric bypass." The mini-gastric bypass has been widely promoted on the Internet.

Although its name implies "small" or "simple," the mini-gastric bypass procedure is actually a major laparoscopic operation that accomplishes gastric bypass **without** the use of a Roux-en-Y small bowel connection. This procedure may create serious post-operative complications. Problems like reflux of bile and digestive juice into the esophagus can cause reflux esophagitis, ulceration, as well as increase the risk of esophageal cancer. Other potential problems can also occur due to inadequate digestion.

Consequently, mini-gastric bypass surgery is not a covered benefit.

BCBSM considers mini-gastric bypass surgery for morbid obesity to be investigational and, therefore, not payable because it has not been scientifically demonstrated to be as safe and effective for treatment of the patient's condition as conventional or standard treatment.

Conventional gastric bypass is covered

BCBSM still pays for conventional gastric bypass or bariatric surgeries used to treat morbid obesity. This includes the Roux-en-Y gastric bypass. These surgeries may be payable for the following procedures if certain clinical criteria are met:

Code*	Explanation
43632	Gastrectomy, partial, distal; with gastroduodenostomy, with gastrojejunostomy
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	With gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity
43843	Other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
43847	With small intestine reconstruction to limit absorption
43999	Unlisted procedure, stomach
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band (includes placement of subcutaneous port)

* CPT codes, descriptions and two-digit modifiers only are copyright 2004 American Medical Association. All rights reserved.

Bariatric surgery clinical criteria

The established surgical procedures for severe obesity are considered appropriate treatment options if all the following criteria are met:

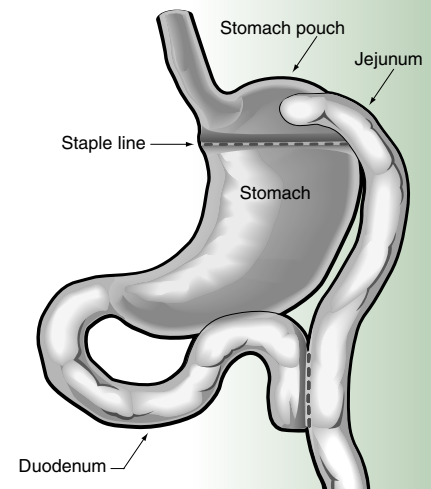
- The patient has a body mass index (BMI) more than 40, or a BMI of more than 35 with additional conditions (such as degenerative joint disease, hypertension, hyperlipidemia, coronary artery disease, presence of other atherosclerotic diseases, Type II diabetes mellitus, sleep apnea and/or congestive heart failure).
- Bariatric surgery may be indicated for patients 18-60 years of age. Requests for bariatric surgery for patients less than 18 years of age should include documentation that the primary care physician has addressed the risk of surgery on future growth, the patient's maturity level, an ability to understand the procedure and comply with post-operative instructions, as well as the adequacy of family support. Patients over 60 years of age may be considered if it is documented in the medical record that the member's physiologic age and additional condition(s) result in a positive risk or benefit ratio.
- The patient has been clinically evaluated by an MD or DO, who has documented failed medical management including a structured, professionally supervised weight loss program for a minimum of twelve consecutive months prior to the recommendation for bariatric surgery. Documentation should include periodic weights, dietary therapy and physical exercise, as well as behavioral therapy, counseling and pharmacotherapy as indicated.
- Documentation that the PCP and the patient have a good understanding of the risks involved and reasonable expectations that the patient will be compliant with all post-surgical requirements.
- A psychological evaluation must be performed by a contracted, mental health professional to demonstrate the patient's emotional stability and ability to comply with post-surgical limitations.
- In cases where a revision of the original procedure is planned, documentation of all of the following is required:
 - ◇ Date and type of previous procedure
 - ◇ The factor(s) that precipitated failure
 - ◇ Any complications from the previous procedure that mandate (necessitate) the takedown
 - ◇ The patient's inability to maintain the weight loss

Previous gastric restrictive procedures that have failed for anatomic or technical reasons (e.g., obstruction, staple dehiscence, etc.) are medically appropriate for revision without considering the initial preoperative criteria.

Note: If the indication for the revision is a failure of the procedure (e.g., the patient has not lost a desired amount of weight), then the patient should meet all of the initial preoperative criteria.

So if you are considering the surgery, be sure to do your research. If you have any questions or comments, please contact your BCBSM State of Michigan Customer Service Center at 1-800-843-4876.

Roux-en-Y gastric bypass (RGB)



This operation is the most common and successful combined procedure in the United States.

1. *The surgeon creates a small stomach pouch to restrict food intake.*
2. *A Y-shaped section of the small intestine is attached to the pouch to allow food to bypass the lower stomach, the duodenum (the first segment of the small intestine), and the first portion of the jejunum (the second segment of the small intestine). This reduces the amount of calories and nutrients the body absorbs.*

For BCN members only

Pinpoint information on BCN's new Web site



Easier. Faster. Better. That's the easiest, fastest and best way to sum up the new Blue Care Network Web site, **MiBCN.com**. It also explains why BCN moved to its new Web address and a whole new look.

But the new site is much more than a pretty face. The site enables you to quickly find the information you seek, thus saving you time while easing your mind. The new look and organization make it easier and much more enjoyable for you to get the information you need via "Quick Links," or to just explore the site and learn more about BCN and its efforts.

"Whether people come to us by phone, in person or through the Web, we want their experience to be one that wows them. People expect a lot more from the Web these days, so, we took a totally fresh look at how we could best serve our members and the other people who visit us online," said Joan Morehead, vice president of Corporate Administration. "Our new Web site is very user friendly and stands up well against those offered by other health plans."

Previously, BCN's Web site was part of bcbsm.com. The new site retains the best of the former site's member self-service features, such as selecting a primary care physician, ordering new ID cards, reviewing benefits and submitting Coordination Of Benefits forms.

MiBCN.com is BCN's portal to BlueHealthConnection

In addition, **MiBCN.com** also introduced an important new BlueHealthConnection component offering general medical and fitness information to everyone – and personalized information to members who log on with secured passwords.

One of the most powerful new online BHC features is the free Health Risk Appraisal that all adult BCN members can take resulting in a personalized health status report. This resource replaces personalpath.com, which was discontinued last year.

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Additional MiBCN.com features

Here's a brief rundown of other important **MiBCN.com** features:

- A guest section with an overview of BCN's coverage and programs
- A member section with more detailed information on using benefits and services
- Detailed descriptions of BCN's health plan options
- BCN's drug formulary, listing covered medications available to BCN members with prescription drug coverage
- A glossary of general health care terms and common BCN terms
- A library of forms that are essential for doing business with BCN
- The ability to choose a text size that's easiest for you to read
- Accessibility for visitors and members with vision impairments whose computers are equipped to translate text to audio

MiBCN.com is a powerful new marriage of online technology and BCN's commitment to providing the easiest, fastest and best information and service to members, customers, providers, agents and the public. It's BCN's newest way of saying, "In sickness and in health, in good times and in bad, we're with you every step of the way."

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- **Race.** African-Americans are more likely to develop high blood pressure than Caucasians.
- **Gender.** Men run a greater overall risk for developing high blood pressure than women.
- **Age.** The older we get, the greater the risk for developing high blood pressure.
- **Obesity.** People who are overweight are more likely to develop high blood pressure.
- **Heavy alcohol consumption** will precipitate high blood pressure.
- **Smoking**
- **Use of oral contraceptives**
- **Sedentary or inactive lifestyle**

Prognosis

There is no cure for high blood pressure. However, it can be controlled and even reduced with lifestyle modifications and medication. Your doctor will urge you to adopt healthy habits and may prescribe medications. Keep on top of high blood pressure to take care of yourself.

Take charge of your life continued from page 2

- **Learn about clinical trials.** Go to **www.clinicaltrials.gov**. Your doctor deals with many different diseases every day and may not be aware of all clinical trials available or may not know you would be interested in one.
- **Make the most of your doctor visits.** Most are only 15 minutes. Create a list of questions or concerns for your doctor during your next visit. By being prepared, you won't waste precious time.

Remember, your relationship with your doctor is a partnership. Effective communication will help you and your doctor make the best decisions for your health.

Source: Health A to Z from BlueHealthConnection on **www.bcbsm.com**

How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To call

1-800-843-4876

Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:

State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
P.O. Box 80380
Lansing, MI 48908-0380

For Your Benefit is published by Blue Cross Blue Shield of Michigan. It is meant to complement the advice of health care professionals and is not intended to take the place of professional medical care.

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